

#### INSTRUCTIONS FOR FILING APPLICATION FOR SIGN WAIVER

- 1. YOU ARE REQUIRED TO DISCUSS YOUR APPLICATION AND PLANS FOR SIGN WAIVER APPROVAL WITH STAFF IN ORDER TO AVOID FILING AN INCOMPLETE APPLICATION. CALL THE CITY PLANNER AT (954) 746-3281 TO SCHEDULE AN APPOINTMENT AT LEAST FOURTEEN 14 DAYS PRIOR TO THE SUBMITTAL DEADLINE.
- 2. Application (12 copies) for Sign Waiver Approval form duly executed by owner.
- 3. Twelve (12) sets of plans drawn to scale, showing the design of the sign, including dimensions, sign size, method of attachment, source of illumination, colors, and showing the relationship to any building or structure to which it is proposed to be installed or affixed.
- 4. Twelve (12), one (1) original and eleven (11) copies, of plot plan, to scale, indicating the location of the sign relative to property lines, right-of-way, streets, easements, sidewalks, and other buildings or structures on the premises, and twelve (12) copies of current property survey.
- 5. Twelve (12), one (1) original and eleven (11) copies of a letter describing the request.
- 6. Twelve (12) sets of photographs, which indicate the proposed sign location.
- 7. A check for the filing fee, made payable to the City of Sunrise, in accordance with the CITY OF SUNRISE PLANNING & DEVELOPMENT DEPARTMENT FEE SCHEDULE (attached).
- 8. Applicants must file their application according to the attached schedule. The Planning and Zoning Advisory Board must approve applications. Denials may be appealed, in writing, to the City Commission within ten (10) days of the Planning and Zoning Advisory Board decision. Your presence at all meetings is required.
- 9. The above is to be submitted in the following order:
  - a. Letter of Intent (on top).
  - b. Fully executed application.

SW.1 REV 09/03



SW.2 REV 09/03



# **Planning and Development Department**

# **Application for Sign Waiver**

Name of Business		
Name of Applicant		
Name of Company		<del></del>
Address		
Telephone No	Fax No	
Contact Person	n/Agent	
Company Nan	ne	
Address		
	Fax No	
Name of Property Own	ner	
Company Name		
Address		
Telephone No.		

SW.3 REV 09/03

Folio Numb	er (with recent copy of tax bill)
	er (with recent copy of tax bill)Acres:
Zoning:	

SW.4 REV 09/03

## **AFFIDAVIT OF OWNER OR TENANT**

I,	(all owners on deed / all tenants on lease), being
	at I am the owner tenant (check one) of
the Property described in the above	e application for public hearing; that all the answers to
the questions in this application, sk	tetches, data, and other supplementary matter attached
and belief. I understand this applican be advertised. In the event the have made a material misreprese	cation, are honest and true to the best of my knowledge cation must be accurately completed before a hearing at I, or anyone appearing on my behalf, am found to entation regarding this application, I understand the any sign waiver granted can be made null and void by
	Print Name
State of,	
County of:	
Sworn and subscribed to before n	ne, a Notary Public, by,
	, 20, who is either personally known to me
or who has produced	
My Commission Expires:	
	Notary Public for the State of
	Print Name:

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## **CORPORATION AFFIDAVIT**

I,, being	g first duly sworn, depose and say that I am the
	, a corporation existing under the laws of
	s authorized by the corporation to file this
application for public hearing; that all a	answers to the questions in said application,
sketches, data, and other supplementary	matter attached to and made a part of the
application, are honest and true to the	best of my knowledge and belief; that said
corporation is theowner tenan	t of the property described herein and which is
the subject matter of the proposed hea	aring. I understand this application must be
accurately completed before a hearing car	n be advertised. In the event that I, or anyone
	oplicant, am found to have made a material
	regarding this application, it is understood that
<u> </u>	sign waiver granted may be made null and void
by the City of Sunrise, at its sole option.	<i>5 5 7</i>
	President's Signature (Corp. Seal)
ATTEST:	Secretary's Signature
State of	
State of, County of:	
County of:	
Sworn and subscribed to before me, a Nota	nev Public by
has produced	who is either personally known to me or who
has produceda	as identification.
My Commission Expires:	
My Commission Expires.	Notary Public for the State of
	Print Name:
f:\plng\devrev\devapp\corporateaffidavit	

SW.6 REV 09/03

#### **ATTORNEY AFFIDAVIT**

Attorney at Law, who is I Owner of the property de public hearing; that all da of this application are hounderstand this application advertised. I have advise regarding this application	, being first duly sworn, depose and say that I am are dicensed to practice in the State of Florida, who represents the scribed above, and which is the subject matter of a proposed to and other supplementary matter attached to and made a part onest and true to the best of my knowledge and belief. In on must be accurately completed before a hearing can be add my client that if any material misrepresentation is made in, either oral or written, can cause this application to be adverged may become voided by the City of Sunrise, at its
	Signature
this day of	efore me, a Notary Public, by
My Commission Expires:	Notary Public for the State of Print Name:

## **OWNER'S SWORN CONSENT**

#### PERMITTING TENANT TO FILE FOR A HEARING

the owner of the Property described	, being first duly sworn, depose and say that I amd in the above application, which is the subject matter ereby authorize, my public hearing.
	Signature
State of, County of:	
Sworn and subscribed to before me this day of 2 has produced	, a Notary Public, by, 20, who is either personally known to me or who as identification.
My Commission Expires:	Notary Public for the State ofPrint Name:

 $f:\plng\devrev\devapp\owners worn consent$ 

Note: Each owner of the Property must execute this form.

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